

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

MONTHLY ESTIMATEFOR THE MONTH OF January 2014Date: June 5, 2013CONTRACTOR: Maui Master Builders, Inc.ADDRESS: 72 Ting's DriveContract No. 59517 []City, State ZIP: Wailuku, HI 96793DAGS Job No. 15-27-5625PROJECT TITLE: Maui Community Correctional Center Kitchen Improvements**CONTRACT**Basic Contract Amount \$ 252,871.00**CHANGE ORDERS**Total \$ -Adjusted Contract Amount \$ 252,871.00**WORK ACCOMPLISHED**

		Basic Contract	Change Order	Total
Completed to Date	34%	\$ <u>85,500.00</u>	#DIV/0! \$ <u>-</u>	\$ <u>85,500.00</u>
Retained	REDUCED []	\$ <u>6,825.00</u>	\$ <u>-</u>	\$ <u>6,825.00</u>
Amount Subject to Payment		\$ <u>78,675.00</u>	\$ <u>-</u>	\$ <u>78,675.00</u>
Payments to Date		\$ <u>-</u>	\$ <u>-</u>	\$ <u>-</u>
Payments Now Due		\$ <u>78,675.00</u>	\$ <u>-</u>	\$ <u>78,675.00</u>

Payment No. FINAL [] 1

Remarks:

FOR INSPECTION BRANCH USE

[] SUBMITTAL REGISTER [] COMMENCEMENT REQUIREMENTS

DUE MONTHLY:

[] PROJECT SCHEDULE

[] DAILY REPORTS

[] PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST

[] CONTRACT NUMBER

[] PROJECT NAME AND LOCATION

[] ALL SIGNATURES

SPECIALTY/MISC:

[] PROJECT ACCEPTANCE

[] AIR COND & PAINT ACPT DONE

1. Computed and Checked by:

Had m. Kavanista
3. Recommended: Project Inspector or Engineer

Date: 8/13/14

[Signature]
4. Recommended: Area Engineer/Architect

Date: 8/13/14

5. Approved: Branch Chief or District Engineer

The Public Works Administrator certifies that change orders have been issued and the work performed.

[Signature]
State Public Works Administrator

AUG 18 2014

Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request, and least 80% of our workforce resides in Hawaii.

Maui Master Builders, Inc.

Name of Contractor

[Signature] PRESIDENT 2/4/14
By signature / Title: Date

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: January 2014

CONTRACTOR: Maui Master Builders, Inc.
PROJECT TITLE: Maui Community Correctional Center Kitchen Improvements

Contract No.: 59517
DAGS Job No.: 15-27-5625

CLOSED			LICENSE		COMPL. TO		RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	BASIC CONTRACT AMOUNT	DATE	% CMPL	%	AMOUNT RETAINED
	Maui Master Builders, Inc.	General Contractor	ABC-16784	\$252,871	\$85,500	33.81%	5%	\$4,275

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	Roofing	Roofing		\$6,000	\$0	0.00%	10%	\$0
	Island Tile	Tile		\$14,000	\$14,000	100.00%	10%	\$1,400
	Society Painting	Painting		\$7,000	\$0	0.00%	10%	\$0
	Lonny Kelley Plumbing	Plumbing		\$12,000	\$9,000	75.00%	10%	\$900
	Maeda Sheet Metal	AC & Ventilation		\$10,000	\$2,500	25.00%	10%	\$250
	ELCCO	Electrical		\$25,000	\$0	0.00%	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs							\$2,550

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$6,825
--	----------------

I certify that the above retentions are correct for this request.

Maui Master Builders, Inc.

Name of Contractor

By Signature

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on the
Monthly Estimate Sheet

**STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip**

PAYMENT NO.: 1

PROJECT TITLE: MAUI COMMUNITY CORRECTIONAL CENTER - KITCHEN
IMPROVEMENTS

BILLING MONTH: January-14

DAGS JOB NO.: 1 5-27-5625

CONTRACT NO.: 59517

CONTRACTOR: MAUI MASTER BUILDERS, INC.

VENDOR CODE: 24960900

Original Contract Payment		Suffix: 1		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B07-820M	\$85,500.00	\$6,825.00	\$78,675.00
Totals:		\$85,500.00	\$6,825.00	\$78,675.00

Change Order Payment		Suffix: 2		
<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B07-820M	\$0.00	\$0.00	\$0.00
Totals:				

Grand Total:		\$85,500.00	\$6,825.00	\$78,675.00
---------------------	--	-------------	------------	-------------

[Signature] *[Signature]* 08/19/14
Verified By **DATE**

(This Section for Administrative Services Office Use Only)

Vendor Code 24960900

Cost Code 3A1

Voucher No. *SWV8164*

Verified By *[Signature]*

AUG 25 2014